Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1980

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE FUND
C/O ALICARE, INC.
333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910

2b Employer Identification Number (EIN)
13-5521921

2c Plan Sponsor's telephone number
914-367-5559

2d Business code (see instructions)
812320

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MICHAEL POTACK - EMPLOYER TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	9712
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2220
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2158
b	Retired or separated participants receiving benefits	**6b**	2728
c	Other retired or separated participants entitled to future benefits	**6c**	4566
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	9452
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	192
f	Total. Add lines **6d** and **6e**.	**6f**	9644
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	24

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4B

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	4000A	2802	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	106138	
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))			9a(4) 106138
b	Benefit charges (1) Claims paid	9b(1)	126170	
	(2) Increase (decrease) in claim reserves	9b(2)	-135229	
	(3) Incurred claims (add (1) and (2))			9b(3) -9059
	(4) Claims charged			9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	146001	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)	-37180	
	(E) Taxes	9c(1)(E)	9424	
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention			9c(1)(H) 118245
	(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
	(2) Claim reserves			9d(2) 161722
	(3) Other reserves			9d(3) 687108
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e 3048

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	211987763
(2)	Actuarial value of assets for funding standard account	**1b(2)**	187373476
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	157778586
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	157778586
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	340427001
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	8103939
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	12737673
(3)	Expected plan disbursements for the plan year	**1d(3)**	12206901

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	10/12/2023 Date
RON J. STONEHILL Type or print name of actuary	23-08567 Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC Firm name	240-247-4600 Telephone number (including area code)
8601 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	211987763
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2898	103162059
(2) For terminated vested participants		4594	151129806
(3) For active participants:			
(a) Non-vested benefits			6350213
(b) Vested benefits			79784923
(c) Total active		2220	86135136
(4) Total		9712	340427001
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	62.27 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
	2055886				
			Totals ► **3(b)**	2055886	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	118.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.22 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.75 %	7.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	5.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	12.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	19.9 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1286546	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-8182030	-873653

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	3320232

c Amortization charges as of valuation date:			Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**		69084452	7992443
(2) Funding waivers	**9c(2)**		0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**		0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**		876732
e Total charges. Add lines 9a through 9d		**9e**		12189407
Credits to funding standard account:				
f Prior year credit balance, if any		**9f**		36822874
g Employer contributions. Total from column (b) of line 3		**9g**		2055886
			Outstanding balance	
h Amortization credits as of valuation date	**9h**		61856468	9661720
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**		3682222
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**		11365702	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		120435606	
(3) FFL credit		**9j(3)**		0
k (1) Waived funding deficiency		**9k(1)**		0
(2) Other credits		**9k(2)**		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**		52222702
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**		40033295
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**		
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**		0
(3) Total as of valuation date		**9o(3)**		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**		

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ENTRUST PARTNERS OFFSHORE LP

90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS MID-CAP FUND

98-1509541

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS FUND III LP

74-3219981

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METROPOLITAN WEST ASSET MANAGEMENT

95-2642764

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SIGULER GUFF ADVISERS, LLC

13-3855629

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK ADVISORS LLC

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS, LLC

13-3806694

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS MGMT, LLC

20-5319476

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EVANSTON CAPITAL MANAGEMENT, LLC

30-0046847

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SEI TRUST COMPANY

06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS FUND V (A)

98-1509288

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KPS SPECIAL SITUATIONS FUND IV LP

98-1087395

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMALGAMATED EMPOYEE BENEFITS ADMINI

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	RELATED PARTY	491326	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SCHULTE ROTH & ZABEL LLP

12-2633996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	280627	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

LAZARD ASSET MANAGEMENT LLC

13-5545100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	120997	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	99846	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	81757	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

ANDCO CONSULTING LLC

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	78625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	47940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

NEWTOWER TRUST COMPANY

20-1641876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	41045	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

HARDMAN JOHNSTON GLOBAL ADVISOR

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	38416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LANDMARK EQUITY ADVISERS LLC

06-1519082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	37033	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

HAMILTON LANE ADVISORS LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	35736	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

SS&C TECHNOLOGIES

06-1169696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 72	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	20595	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 18 51 52	RELATED PARTY	16780	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

ALIGRAPHICS, A DIVISION OF AEBA

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 38 50	NONE	13212	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

LAUNDRY DRY CLEANING HEALTH FUND

13-5521921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RELATED PARTY	11339	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CRYSTAL IBC LLC

47-2002720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	10483	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMALGAMATED BANK	28 18 19 51 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS GOVERMENT CASH 13-3281890	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SS&C TECHNOLOGIES	15 72	20595

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AEBA 13-3432221	BOOKKEEPING AND ACCOUNTING SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LANDMARK EQUITY ADVISERS LLC	28 52	37033

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LANDMARK EQUITY PARTNERS XV 45-1153167	ADVISORY FEES PAID BY THE PARTNERSHIP

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS LLC	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE CAPITAL OPPORT 74-3218646	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS LLC	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE CO-INVST FEED3 35-2485272	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS LLC	28 52	35736

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE CO-INVST FEED4 98-1393932	INVESTMENT MANAGEMENT FEES

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRYSTAL IBC LLC	22 53	10345

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERAL INSURANCE COMPANY 13-1963496	INSURANCE BROKER COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CRYSTAL IBC LLC	22 53	138

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN INTERNATIONAL GROUP 13-2592361	INSURANCE BROKER COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEWTOWER TRUST COMPANY	21 28 52	41045

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MULTI-EMPLOYER PROPERTY TRUS 52-6218800	TRUSTEE/INVESTMENT MANAGEMENT FEES

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALLCAP 600 INDEX FUND

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-004	C	10843913

a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TST MULTIEMPLOYER PROP TST

b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	4667820

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA CONSTRUCTION LOAN FD

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-8434730-006	C	30855

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD GLOBAL LISTED INFRASTRUCTURE

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
33-6363285-001	E	11381643

a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY GROUP

b Name of sponsor of entity listed in (a): JOHNSTON ASSET MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6493485-001	E	6233102

a Name of MTIA, CCT, PSA, or 103-12 IE: POLEN FOCUS GROWTH COLLECTIVE INVES

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-2631618-001	C	11881716

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX FUND

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-008	C	13534414

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	373772	405290
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1084105	318081
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4779802	1469430
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21522576	16665720
(5) Partnership/joint venture interests	1c(5)	38934287	50667867
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	62557860	40958718
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	22395812	17614745
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	45185144	35823974
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15620886	10459892

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	212454244	174383717
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	360083	255052
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	106398	55280
k	Total liabilities (add all amounts in lines 1g through1j)	1k	466481	310332
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	211987763	174073385

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2055886	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2055886
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13673	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13673
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	488588	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	217548	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		706136
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	35643687	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31042098	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4601589
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-11559327	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-11559327

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-11811829
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-3970453
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6889559
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-26853884
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9290538	
(2) To insurance carriers for the provision of benefits	2e(2)	109187	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9399725
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	410938	
(2) Contract administrator fees	2i(2)	374326	
(3) Investment advisory and management fees	2i(3)	456732	
(4) Other	2i(4)	418773	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1660769
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11060494
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-37914378
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		61127759
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 474666.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE LAUNDRY,DRY CLEANING WO RKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5521921 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer HIGHLAND LIGHT STEAM LAUNDRY INC

b EIN 11-2478042 **c** Dollar amount contributed by employer 203151

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 27 Year 2023

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.85% OF GROSS WAGES

a Name of contributing employer UNITEX/MED APPAREL CONTROLLED

b EIN 13-1694756 **c** Dollar amount contributed by employer 713306

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 27 Year 2023

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.85% OF GROSS WAGES

a Name of contributing employer ARAMARK

b EIN 95-3082883 **c** Dollar amount contributed by employer 247264

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 26 Year 2023

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer ARROW LINEN & SUPPLY CO

b EIN 11-1606561 **c** Dollar amount contributed by employer 93750

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 27 Year 2023

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.85% OF GROSS WAGES

a Name of contributing employer FDR SERVICES CORP

b EIN 20-2651495 **c** Dollar amount contributed by employer 172251

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 01 Year 2023

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 2.35% OF GROSS WAGES

a Name of contributing employer HCSC-LAUNDRY ASBURY PARK, NJ

b EIN 23-1709244 **c** Dollar amount contributed by employer 87336

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 25 Year 2023

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer MED APPAREL SERVICES LLC

b EIN 13-5521921 **c** Dollar amount contributed by employer 82147

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.85% OF GROSS WAGES

a Name of contributing employer NORTH EAST LINEN SUPPLY CO. INC.

b EIN 13-5521921 **c** Dollar amount contributed by employer 92825

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 2.00% OF GROSS WAGES

a Name of contributing employer W.H. CHRISTIAN & SONS INC.

b EIN 13-5521921 **c** Dollar amount contributed by employer 78129

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer ELITE AIRLINE LAUNDRY SERVICES

b EIN 11-2747199 **c** Dollar amount contributed by employer 92702

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 1.60% OF GROSS WAGES

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.00
b The corresponding number for the second preceding plan year	**15b**	0.96

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 60.7 % Investment-Grade Debt: 8.8 % High-Yield Debt: 0.0 % Real Estate: 4.4 % Other: 26.1 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

FINANCIAL STATEMENTS

DECEMBER 31, 2022

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Laundry, Dry Cleaning Workers and Allied
Industries Retirement Fund, Workers United

Opinion

We have audited the financial statements of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Novak Francella LLC

New York, New York
October 13, 2023

Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	2022	2021
Assets		
Investments - at fair value		
Short-term investments	$ 1,469,430	$ 4,779,802
Common stock	16,665,720	21,522,576
Limited partnerships	50,667,867	38,934,287
Common collective trusts	40,958,718	62,557,860
103-12 investment entities	17,614,745	22,395,812
Mutual funds	35,823,974	45,185,144
Hedge funds of funds	10,459,892	15,620,886
Total investments	173,660,346	210,996,367
Receivables		
Employer contributions, net of allowance	405,290	373,772
Accrued interest and dividends	2,728	13,485
Due from ALICO	171,168	-
Due from related entity - undistributed contributions	113,512	80,966
Securities sold and not settled	30,500	989,481
Total receivables	723,198	1,457,704
Other assets		
Prepaid expenses	173	173
Total assets	174,383,717	212,454,244
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	198,883	236,271
Cash overdraft	56,169	123,812
Due to related entities	55,280	60,449
Due to ALICO	-	45,949
Total liabilities	310,332	466,481
Net assets available for benefits	$ 174,073,385	$ 211,987,763

See accompanying notes to financial statements.

Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2022 and 2021

	2022	2021
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ (30,639,268)	$ 32,420,394
Interest and dividends	1,729,498	3,940,720
	(28,909,770)	36,361,114
Less investment expenses	(456,732)	(534,080)
Net investment income	(29,366,502)	35,827,034
Employer contributions	2,055,886	1,846,649
Withdrawal liability payments	-	310,165
Other income	-	12,390
Total additions	(27,310,616)	37,996,238
Deductions		
Retirement benefits	9,399,725	9,209,963
Administrative expenses	1,204,037	1,097,177
Total deductions	10,603,762	10,307,140
Net increase (decrease)	(37,914,378)	27,689,098
Net assets available for benefits		
Beginning of year	211,987,763	184,298,665
End of year	$ 174,073,385	$ 211,987,763

See accompanying notes to financial statements.

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension plan which provides retirement benefits to eligible participants performing covered employment pursuant to collective bargaining agreements between the union and employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - A participant is eligible for a normal retirement benefit if he or she has attained age 65 and has not less than 5 years of participation in the Plan. Local 69 participants are eligible to receive their normal retirement benefit if he or she has attained the age of 62 and has not less than 5 years of participating in the Plan. The Plan permits early retirement at age 62 with 10 years of covered employment. Local 284 participants may elect early retirement benefits at the age 55 with 10 years of covered employment. Local 69 participants may elect early retirement at age 57 with 10 years of covered employment. Participants may elect a joint and survivor annuity. Participants who terminate employment prior to retirement age have a non-forfeitable right to a pension payable at age 62 provided such participants have at least 10 years of credited service. Local 284 participants who terminate employment prior to retirement age have a non-forfeitable right to a pension payable at age 65 provided such participants have at least 5 years of credited service. Local 69 participants who terminate employment prior to retirement age have a non-forfeitable right to a pension payable at age 62 with at least 5 years of credited service with full benefits or at age 57 with at least 10 years of credited service with reduced benefits. An active participant who has been employed in the industry for at least 20 years with at least 15 years of covered employment and who has been awarded a social security disability pension is eligible for a disability pension at any age. Local 284 and Local 69 participants do not have provisions allowing a disability pension.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition - The investments of the Plan are managed by independent investment managers. Investments in common stock and mutual funds are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. Common collective trusts and the 103-12 investment entities are valued at their market value on the last business day of the year as established by the trusts. The limited partnerships and hedge funds of funds are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

Hedge fund of funds and limited partnerships are valued at prices which approximate fair value. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third party annual audit. The estimated fair values may differ from the values that would have been used had a readily available market existed for these investments, and the difference could be significant. Furthermore, some of these funds have various lock up periods and they are not immediately liquid investments.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions - Employer contributions due and not paid prior to year-end are recorded as contributions receivable. Employer contributions receivable include employer contributions deemed to be delinquent, as well as receivables related to payroll audits. Payroll audits are conducted by the Plan to ensure that employers are remitting the correct amount of contributions in accordance with the applicable collective bargaining agreements. These receivables have been recorded net of management's estimate of what is deemed to be uncollectible of $45,784 at December 31, 2022 and 2021. Contributions are accounted for as exchange transactions.

Withdrawal Liability Income - Income is recognized when the withdrawal liability payments are received from employers due to the uncertainty that the assessments will be paid in full.

Securities Purchased or Sold and not Settled - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Reclassifications - Certain prior year amounts have been reclassified to be in conformity with the current year presentation. These reclassifications did not change the total net assets or change in net assets from the totals previously reported.

NOTE 3. FUNDING

The Plan is financed by employer contributions. The employer contribution rates are specified in the collective bargaining agreements.

During each of the years ended December 31, 2022 and 2021, the contribution rate ranged from 1.60% to 2.35% of payroll. The contribution rate during the years ended December 31, 2022 and 2021 for drivers was $1.60 per day in addition to the collectively bargained percentage of payroll.

The employer contributions for the Local 284 participants are contributed monthly as specified in the applicable collective bargaining agreements. The employer contribution rates in effect for each of the years ended December 31, 2022 and 2021 ranged from $72 to $146 per month, per participant. One employer contributes per participant, per week. The contribution rate for this employer ranged from $29.12 to $33.00 per participant, per week for each of the years ended December 31, 2022 and 2021.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2022.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on August 24, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2022 and 2021, there were no transfers in or out of levels 1, 2, or 3.

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2022 and 2021:

	December 31, 2022			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 1,469,430	$ 1,469,430	$ -	$ -
Common stock	16,665,720	16,665,720	-	-
Mutual funds	35,823,974	35,823,974	-	-
Total assets in the fair value hierarchy	53,959,124	$ 53,959,124	$ -	$ -
Investments measured at net asset value*	119,701,222			
Total investments at fair value	$ 173,660,346			

	December 31, 2021			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 4,779,802	$ 4,779,802	$ -	$ -
Common stock	21,522,576	21,522,576	-	-
Mutual funds	45,185,144	45,185,144	-	-
Total assets in the fair value hierarchy	71,487,522	$ 71,487,522	$ -	$ -
Investments measured at net asset value*	139,508,845			
Total investments at fair value	$ 210,996,367			

*In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2022 and 2021:

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts -				
LongView LargeCap 500 Index Fund	$ 13,534,414	$ -	Daily	Daily
LongView SmallCap 600 Index	10,843,913	-	Daily	Daily
LongView Ultra Construction Loan Fund	30,855	-	Monthly	1 year
Multi-Employer Property Trust	4,667,820	-	^Quarterly	^1 year
Polen Focus Growth Collective Investment Trust	11,881,716	-	Daily	Daily
103-12 investment entities -				
Hardman Johnston International Equity Group Trust	6,233,102	-	@Monthly	10 Days
Lazard Global Listed Infrastructure Trust	11,381,643	-	Monthly	x-15 Days
Limited partnerships -				
Accolade Partners Growth Fund I	5,304,069	1,750,000	*	*
Accolade Partners Growth Fund II	1,715,392	3,125,000	*	*
Blue Wolf Capital Fund II	30,000	609,234	*	*
Brookfield Super-Core Infrastructure Partners LP	10,206,315	-	*	*
Dune Real Estate Fund IV LP	2,732,105	2,470,437	*	*
Hamilton Lane Cap Opportunities Fund	-	691,318	*	*
Hamilton Lane Co Inv Feeder Fund III	1,948,680	1,072,635	*	*
Hamilton Lane Co Inv Feeder Fund IV	6,115,862	1,105,742	*	*
KPS MidCap Special Situations Fund	1,781,377	1,140,207	*	*
KPS Special Situations Fund III	11,127	2,323,672	*	*
KPS Special Situations Fund IV	4,614,830	745,438	*	*
KPS Special Situations Fund V	7,930,382	4,338,500	*	*
Landmark Equity Partners XV LP	1,103,807	986,331	*	*
LongView Private Equity Fund of Funds	669,147	1,149,343	*	*
Siguler Guff Distressed Real Estate Opp Fund II	1,991,686	605,000	*	*
Sterling Consumer Logistic Properties I LP	1,183,278	3,828,536	*	*
Yucaipa American Alliance Fund II	3,329,810	8	*	*
Hedge fund of funds -				
EnTrust Capital Diversified Fund	69,310	-	v	v
EnTrust Capital Special Opportunities Fund	545,122	-	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund II	189,481	402,460	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund III	2,678,090	-	Quarterly	y-95 Days
EnTrust Permal Special Opportunities Fund IV	6,977,889	484,015	Quarterly	y-95 Days
Total	$ 119,701,222	$ 26,827,876		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts -				
LongView LargeCap 500 Index Fund	$ 20,574,477	$ -	Daily	Daily
LongView SmallCap 600 Index	14,885,872	-	Daily	Daily
LongView Ultra Construction Loan Fund	213,318	-	Monthly	1 year
Multi-Employer Property Trust	4,329,679	-	^Quarterly	^1 year
Polen Focus Growth Collective Investment Trust	22,554,514	-	Daily	Daily
103-12 investment entities -				
Hardman Johnston International Equity Group Trust	8,108,249	-	@Monthly	10 Days
Lazard Global Listed Infrastructure Trust	14,287,563	-	Monthly	x-15 Days
Limited partnerships -				
Accolade Partners Growth Fund I	4,683,202	2,225,000	*	*
Accolade Partners Growth Fund II	568,619	4,375,000	*	*
Blue Wolf Capital Fund II	37,301	609,234	*	*
Dune Real Estate Fund IV LP	1,960,699	3,133,262	*	*
Hamilton Lane Cap Opportunities Fund	418,889	691,318	*	*
Hamilton Lane Co Inv Feeder Fund III	3,441,606	1,172,475	*	*
Hamilton Lane Co Inv Feeder Fund IV	6,746,738	1,048,181	*	*
KPS MidCap Special Situations Fund	1,211,537	1,533,713	*	*
KPS Special Situations Fund III	19,329	2,323,672	*	*
KPS Special Situations Fund IV	3,634,283	808,229	*	*
KPS Special Situations Fund V	5,017,780	6,406,964	*	*
Landmark Equity Partners XV LP	2,053,018	1,028,758	*	*
LongView Private Equity Fund of Funds	1,886,830	1,149,343	*	*
Siguler Guff Distressed Real Estate Opp Fund II	3,074,061	605,000	*	*
Yucaipa American Alliance Fund II	4,180,395	8	*	*
Hedge fund of funds -				
EnTrust Capital Diversified Fund	793,149	-	v	v
EnTrust Capital Special Opportunities Fund	1,553,031	-	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund II	384,997	402,460	Quarterly	y-95 Days
EnTrust Capital Special Opportunities Fund III	3,596,418	-	Quarterly	y-95 Days
EnTrust Permal Special Opportunities Fund IV	9,293,291	-	Quarterly	y-95 Days
Total	$ 139,508,845	$ 27,512,617		

^ - The MEPT may honor redemption requests as of the end of a quarter following receipt of notice of withdrawal. The Trust Agreement does not require the Trustee to liquidate assets or defer investments to fund or satisfy redemption requests within one year. The MEPT is subject to regulations promulgated by the Comptroller of the Currency which require in most circumstances that redemptions be completed by the expiration of the MEPT's one-year notice period.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

@ - The Hardman Johnston International Equity Group Trust was established to permit qualified retirement plans and certain governmental plans to comingle their assets for investment purposes. The investments are primarily in publicly traded foreign securities. Withdrawals may.be recognized on either tie of receipt of the notice or on the last day of the fiscal period, depending on the nature of the request. Withdrawals are permitted with written notice of ten business days before the valuation date.

x -The Lazard Global Listed Infrastructure Trust may, with the consent of the Trustees, permit redemptions on any other business day and may waive the notice period.

* - Each limited partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

* - The objectives of the Accolade Partners Growth I, LP and the Accolade Partners Growth II, LP are to obtain capital appreciation primarily through investments in private investment companies. The partnerships are closed-end private equity fund structures that do not have a redemption prior to the termination of the investments themselves.

* - The objective of the Blue Wolf Partnership is to provide capital principally to companies that have value which is obscured by complexities such as government regulation, labor unions, bankruptcy or financial distress. The Blue Wolf Partnership which includes the BW HVAC, LP, will terminate upon the tenth anniversary of the final closing date, which is November 21, 2019. The term of the Blue Wolf Partnership may be extended for up to three additional one-year periods by the general partner in its sole discretion. During 2019 and 2020, the General Partner has exercised its discretion to extend the term of the Partnership for the two one-year periods so that the term of the Partnership was extended until November 14, 2021. The Partnership is currently in the process of winding-up.

* - The objective of the Brookfield Super-Core Infrastructure Partners LP is to acquire core infrastructure assets, with a focus on North America, Western Europe, and Australia, and to hold, maintain, operate, develop or redevelop and dispose of such infrastructure assets. The partnership shall invest primarily in core infrastructure assets with predominately long-term contracted or regulated revenues. Any limited partner may withdraw or redeem all or any part of its partnership units or reduce or terminate all or a portion of its commitment and available commitment with the prior written approval of the general partner, which approval may be granted or withheld in the discretion of the general partner. Following the expiration of the applicable redemption lockout, a limited partner may request the redemption of some or all units by delivering a written notice and any such requested redemptions shall be effected as of the next date upon which redemptions are effected that is at least 90 calendar days after the date such redemption request was received by the general partner. A limited partner may not redeem any partnership units issued in respect of capital contributions made pursuant to a particular commitment prior to the end of the applicable quarterly period occurring on or after the day immediately preceding the third anniversary of the due date of the first capital contribution in respect of such commitment.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

* - The Dune Real Estate Fund IV, LP's objective is to make opportunistic investments in a broad range of real estate related assets including portfolios, joint ventures and debt securities and loans. The partnership will continue until March 25, 2027 and may be extended for up to two successive one year terms following the expiration of the initial term with the consent of the Advisory Committee.

* - All of the investments of the Hamilton Lane Capital Opportunities Fund, LP are in other private, collective investment funds that make private equity and equity-related investments. These investment funds have varying investment strategies and geographical focuses. Through the multi-faceted industry and geographical focuses of these underlying fund investments, this fund-of-funds strategy allows the partnership to pursue broad diversifications within the private equity investment market. During the year ended December 31, 2020, the Partnership entered into a Purchase and Sale Agreement to sell substantially all of its remaining partnership investments. The Partnership sold all of its remaining fund investments and received all of the associated sales proceeds during the year ended December 31, 2021. The General Partner made a final liquidating distribution to the partners on December 30, 2022 and ceased operations.

* - The Feeder Partnership was formed to invest directly or indirectly as a limited partner in the Hamilton Lane Co - Investment Fund III, LP (CI Fund III) All of the Feeder Partnership's investments are generally considered to be illiquid investments. The partnership will achieve liquidity only as and when the funds sell their portfolio investments and distribute the proceeds received from the disposition of those investments. These funds are expected to have a life of eight to twelve years. It is also possible for the Feeder Partnership to dispose of their interest in the fund investments in the secondary market. The Feeder Partnership will terminate on the same day CI Fund III dissolves which is expected to terminate on June 20, 2025, unless extended at the discretion of the General Partner with the consent of the advisory committee.

* - The objective of the Hamilton Lane Co Investment Feeder Fund IV is, primarily through its investment in the Main Partnership, is to achieve substantial capital appreciation through equity and equity-related investments directly in companies alongside leading buyout and growth-capital financial sponsors. The partnership is a closed-end limited partnership which does not offer redemptions. The fund's term is dictated by the limited partnership agreement with the fund's GP issuing distributions to investors throughout the life of the fund as underlying holdings are exited.

* - The objective of the KPS MidCap Partnership, KPS III Partnership, the KPS IV Partnership, and the KPS V Partnership is to invest in financially troubled companies which manufacture goods and provide services and generally have a unionized workforce.

The KPS MidCap Partnership is expected to terminate on or before November 26, 2031 but may be extended by the General Partner for up to two consecutive one year periods with the consent of the Advisory Board.

The KPS III Partnership was expected to terminate on or before November 16, 2017 but with the consent of the advisory board, was extended by the general partner for up to two consecutive one year periods to November 16, 2019, as defined in the KPS III Partnership Agreement. The General Partners have commenced the orderly dissolution of the funds' remaining assets.

The KPS IV Partnership is expected to terminate on or before May 30, 2026 but may be extended by the General Partner for up to two consecutive one year periods with the consent of the Advisory Board, as defined in the Agreements of Limited Partnership, amended as applicable.

The KPS V Partnership is expected to terminate on or before July 20, 2032 but may be extended by the General Partner for up to two consecutive one year periods with the consent of the Advisory Board, as defined in the Agreements of Limited Partnership, amended as applicable.

* - The objective of the Landmark Partnership is to acquire a diverse portfolio of interests in established venture capital funds, buy-out funds, mezzanine funds and other pooled investment vehicles which primarily invest in equity oriented investments and direct private equity and equity related investments, primarily through secondary market purchases, with a maximum amount of 10% of capital commitments allocated to primary transactions. The investee limited partnerships generally have an original term of ten years; however, the timing of the liquidation of the underlying investments in the investee limited partnerships is uncertain.

Landmark Equity Partners XV, LP - Disposal of investments in limited partnership interest can occur through a sale of the interest to another party or by termination/liquidation of the investee limited partnership. These investments provide for no liquidity or redemption, are not readily marketable and generally require consent of the related general partner to complete a transfer of interest. The Partnership will continue until the tenth anniversary of the date of the termination of the investment period unless its extended by the General Partner, at its sole discretion, for up to two consecutive one-year periods or by the General Partner, with the consent of the Limited Partners for consecutive one-year periods or until partnership sooner dissolved pursuant to the limited partnership agreement. The investment period terminated on April 30, 2018. The investee limited partnerships generally have an original term of ten years; however, the timing of the liquidation of the underlying investments in the investee limited partnerships is uncertain.

* - The objective of the LongView Private Equity Fund of Funds, LP is to achieve long-term returns through a portfolio of private equity investments in limited partnerships. The partnership shall continue until May 13, 2023, unless it is sooner dissolved and terminated in accordance with the partnership agreement, provided that the term may be extended for three consecutive one-year extension periods by the general partner, after consultation with Amalgamated Bank. The term of the partnership has been extended for an additional year and will now continue until May 13, 2024.

* - The objective of the Siguler Guff Distressed Real Estate Opp Fund II Limited Partnership is to invest in pooled investment vehicles (the “Portfolio Funds”) managed by investment managers (“Portfolio Managers”) and Direct Investments (together with Portfolio Funds, “Portfolio Investments”). Portfolio Investments typically involve direct or indirect equity interests in commercial properties and may also include interests in commercial mortgages and commercial mortgage-backed securities, as well as debt and equity securities of real estate operating companies and real estate investment trusts. The commitment period for investments in Portfolio Funds ended on August 29, 2017 and the Direct Investment commitment period ended on August 29, 2019. Up to forty percent of the Partnership’s commitments may be allocated to Direct Investments.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The term of the Partnership will continue until August 30, 2025 unless the Partnership is dissolved earlier in accordance with Article 9 of the Partnership Agreement. The term may be extended for up to three additional years with the consent of the Advisory Board.

* - The objective of the Sterling Consumer Logistic Properties I LP is to provide investor returns primarily through the acquisition, repurposing, and development of vacant free-standing buildings with the intent to lease, manage, and sell. The term of the partnership is twelve years from the initial closing date, provided that the general partner, with the prior consent of advisory committee, may extend the term, in one year increments, for an additional 3 years beyond the twelfth anniversary of the initial closing date. On June 14, 2022, an amendment to the partnership agreement was executed extending the final closing date to July 31, 2022. Following the execution of the amendment, the partnership held its final close on July 22, 2022.

* - The objective of the Yucaipa Partnership is to invest primarily in private equity investments, equity-related investments and debt investments in organizations, businesses and concepts that are worker friendly. The original term of the Partnership ended on March 14, 2019. Pursuant to the terms of the partnership agreements, the limited partners approved an extension of the terms of the Partnership until March 11, 2023.

v - The EnTrust Capital Diversified Fund represents the Plan's investment in a portfolio of defaulted bonds issued by the Republic of Peru. The investment is illiquid and can only be redeemed subject to the determination of the investment manager considering the investment's settlement with the Peruvian government. The hedge fund of funds' objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the advisor (EnTrust Global Partners Offshore LP).

The EnTrust Capital Special Opportunities Fund is an exempted company incorporated in the Cayman Islands. This Fund invested in a variety of distressed and other special situation funds incorporated in the Cayman Islands that are generally expected to be illiquid.

The EnTrust Capital Special Opportunities Fund II is an exempted company incorporated in the Cayman Islands. This Fund's net assets are fully invested in the EnTrust Special Opportunities Fund II (Cayman) LP under a master-feeder arrangement. The objective of the Fund is to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. As of December 31, 2022 and 2021, the Fund held a 95.48% interest in the Master Fund.

The EnTrust Special Opportunities Fund III is an exempted company incorporated in the Cayman Islands. The Fund invests all of its net assets in the EnTrust Special Opportunities Master Fund III LP under a master-feeder arrangement. The objective of the Fund is to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. As of December 31, 2022 and 2021, the Fund held a 100.00% and 99.74% interest in the Master Fund, respectively.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The EnTrustPermal Special Opportunities Fund IV is an exempt company incorporated in the Cayman Islands. The Fund invests all of its net assets in the EnTrustPermal Special Opportunities Master Fund IV LP under a master-feeder arrangement. The objective of the Fund is to achieve above-average rates of return and long-term capital growth by investing in highly attractive, select investment opportunities through private investment entities and/or separately managed accounts. As of December 31, 2022 and 2021, the Fund had a 100.00% and 97.98% interest in the Master Fund, respectively.

y - Shareholders have the right to redeem all or a portion of the applicable shares to the maximum extent permitted by the terms relating to the Fund's investments in underlying investment vehicles. The Fund will not invest in any fund or investment vehicle that has a lock-up period of more than five years. Redemptions, once permissible, shall take place as of the close of business on the last business day of any calendar quarter, or any other date determined by the Board. In order to effect a redemption, a shareholder shall be required to provide not less than 95 days' prior written notice of any such redemption request. Given the highly illiquid nature of the Fund's investments, there can be no assurances that the Fund will be able to obtain the proceeds necessary to fund a redemption on any applicable Redemption Date, particularly in the early years of the Fund. There may be instances when the Fund cannot effect a complete redemption from an underlying vehicle, in which case shareholders would receive a pro rata portion of a redemption request.

NOTE 7. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United (Health Fund)
- Laundry and Dry Cleaning Workers, Education and Legal Assistance Fund, Workers United (Education and Legal Fund)
- Laundry, Distribution and Food Service Joint Board, Workers United (Joint Board)
- Amalgamated Employee Benefits Administrators, Inc. (AEBA)
- Amalgamated Bank

These entities share common Trustees or officers with this Plan.

The Plan maintains a banking and custodial relationship and invests in various products sponsored by the Amalgamated Bank (the Bank). Certain plan investments are shares of a short-term investment and common collective trust funds managed by Amalgamated Bank, the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedules of Assets Held at End of Year and Schedule of Reportable Transactions.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

The related Laundry Funds share administrative services. The cost of these services is allocated on a basis approved by the Plan's Trustees. The Plan reimbursed the Health Fund for its share of common expenses in the amount of $11,339 and $17,384 for the years ended December 31, 2022 and 2021, respectively. As of December 31, 2022 and 2021, the Plan owed $11,339 and $17,384, respectively, for shared expenses. Subsequent to year end, these amounts were reimbursed by the Plan.

As of December 31, 2022 and 2021, the Plan was owed $113,512 and $80,966, respectively, for undistributed contributions from the Health Fund.

At December 31, 2022 and 2021, the Plan owed the Education and Legal Fund $37,553 and $13,537, respectively, for undistributed contributions.

The Plan pays a service charge to Amalgamated Employee Benefits Administrators (AEBA) for the administration of retirement benefits. Charges incurred amounted to $374,326 and $374,055 for the years ended December 31, 2022 and 2021, respectively.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

Employees of the Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United and Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United, together referred to as the Benefit Funds, participate in a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its collectively bargained employees. The risks of participating in the multiemployer defined benefit pension plan are different from single-employer plans in the following aspects:

a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

c. If the Plan chooses to stop participating in the multiemployer defined benefit pension plan, the Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Benefit Funds' participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2022 and 2021 is outlined in the table below. The zone status is based on information that the Benefit Funds received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan Employer Identification Number	Pension Plan Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Consolidated Retirement Plan	13-3177000	001	Green as of 01/01/22	No	Green as of 01/01/21	No	*

*****The employees of the Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United participate in the Consolidated Retirement Plan through a participation agreement between the Consolidated Retirement Plan and the Benefit Funds. The participation agreement may be terminated upon thirty days written notice by either party.

Legal Name of Pension Plan	Contributions paid by the Plan directly to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plan		Number of Employees Covered by Pension Plans for which the Plan contributes directly to Pension Plan	
	12/31/2022	12/31/2021			12/31/2022	12/31/2021	12/31/2022	12/31/2021
Consolidated Retirement Plan	$0	$0	No	No	15.50% of employees' pensionable payroll	15.50% of employees' pensionable payroll	3	3

The Plan reimbursed the Laundry, Dry Cleaning Workers and Allied Industries Health Fund, Workers United $400 and $184 during the years ended December 31, 2022 and 2021, respectively, for the Plan's allocated share of the pension contributions for shared employees participating in the Consolidated Retirement Plan.

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Consolidated Retirement Plan	None	No	No	N/A

NOTE 9. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of December 31, 2021. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$	65,571,827
Other vested benefits		88,522,074
		154,093,901
Nonvested benefits		3,684,685
Total actuarial present value of accumulated plan benefits	$	157,778,586

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2021 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$	152,941,269
Increase (decrease) during the year attributable:		
Benefits accumulated, net experience gain or loss, changes in data		2,425,413
Interest		11,621,867
Benefits paid		(9,209,963)
Net increase		4,837,317
Actuarial present value of accumulated plan benefits at end of year	$	157,778,586

The actuarial cost method used in the valuations is the Projected Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the December 31, 2021 valuations were:

- Mortality rates:

  Sex-distinct RP-2014 mortality table with blue collar adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2020.

NOTE 9. ACTUARIAL INFORMATION (continued)

- Retirement age assumption

  The Plan was valued assuming active participants will retire according to the following rates:

Age	Probability
62	58.2%
63	34.5%
64	34.4%
65	100.0%

  The preceding rates are approximately equivalent to a retirement of 63.5 years (previously 63.4). Terminated vested employees were assumed to retire at age 65.

- Net investment rate of return - 7.75%.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2022 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2022 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2022. The complete financial status is presented as of December 31, 2021.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2022, the actuary reported that the Plan is neither in endangered status nor critical status under the Pension Protection Act of 2006.

NOTE 10. WITHDRAWAL LIABILITY

Contributing employers who elect to withdraw from the Plan are assessed a withdrawal liability that is calculated by the Plan's actuary. As employers settle their withdrawal liability contribution, portions of the original assessment may be written off due to arbitration disputes with the Plan.

NOTE 10. WITHDRAWAL LIABILITY (continued)

The following is a chart showing the withdrawal liability activity:

Year of Assessment	Assessed Amount	Liability Receipts	Liability Written Off	Balance at Year End
2012	$ -	$ 851,107	$ 91,595	$ -
2013	1,520,041	43,909	48,913	1,427,219
2014	151,652	764,198	151,652	663,021
2015	-	223,896	-	439,125
2016	669,321	324,535	393,579	390,332
2017	211,503	295,946	305,889	-
2018	445,379	445,379	-	-
2019	186,733	186,733	-	-
2020	412,771	412,771	-	-
2021	310,165	310,165	-	-
2022	-	-	-	-

NOTE 11. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2023, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United

Schedules of Administrative Expenses

Years Ended December 31, 2022 and 2021

	2022	2021
Administrative Fees		
Administration fees	$ 374,326	$ 374,055
Shared administrative expenses	11,200	14,100
Professional Services		
Legal	281,241	183,585
Actuary	81,757	82,817
Accounting and auditing	47,940	45,543
Office Expenses		
Printing	21,753	22,348
Office supplies	4,222	4,236
Other		
PBGC premiums	310,784	301,134
Insurance	62,364	62,364
Bank charges	8,450	6,995
Total administrative expenses	$ 1,204,037	$ 1,097,177

LAUNDRY, DRY CLEANING WORKERS AND ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2022

Form 5500 Schedule H, Item 4i

EIN 13-5521921
Plan No 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(1)-Short-term investments:						
*	Amalgamated Bank Money Market			Var	% 1,296,398	$ 1,296,398	$ 1,296,398
	Dreyfus Government Cash Management			Var	2	2	2
	JPMorgan 100% US Treasury Money Market			Var	173,030	173,030	173,030
						1,469,430	1,469,430
	Item 1c(4)(B)-Common stocks:						
	AbbVie Inc				700	42,464	113,127
	Academy Sports & Outdoors				1,700	74,899	89,318
	Acuity Brands Inc				500	57,846	82,805
	Aflac Inc				2,900	130,482	208,626
	AGCO Corp				1,000	59,054	138,690
	Alaska Air Group Inc				1,890	82,218	81,157
	Alliance Data Systems Corp				1,100	92,428	41,426
	Allstate Corp				900	41,121	122,040
	Ally Financial Inc				4,000	129,700	97,800
	Amdocs				1,800	107,682	163,620
	American Financial Group Inc				600	28,579	82,368
	Ameriprise Financial Inc				600	59,306	186,822
	Amgen Inc				1,100	58,555	288,904
	Amkor Technology Inc				5,700	123,878	136,686
	APA Corp				1,890	84,311	88,225
	Applied Materials Inc				1,500	86,691	146,070
	Archer Daniels Midland Co				1,200	73,509	111,420
	Arrow Electronics Inc				900	74,149	94,113
	AT&T Inc				8,700	181,001	160,167
	Avent Inc				2,100	88,639	87,318
	Bank of America Corp				2,600	68,992	86,112
	Bank of New York Mellon Corp				4,500	219,717	204,840
	Berry Global Group Inc				1,500	81,500	90,645
	Best Buy Co Inc				1,613	113,617	129,379
	Biogen Inc				200	49,835	55,384
	Bloomin' Brands Inc				5,900	130,177	118,708
	BorgWarner Inc				2,700	125,309	108,675
	Bristol Myers Squibb Co				3,600	175,699	259,020
	Cardinal Health Inc				800	64,883	61,496
	Cisco Systems Inc				4,300	83,831	204,852
	Citigroup Inc				4,400	475,085	199,012
	Citizens Financial Group Inc				3,500	124,897	137,795
	Cognizant				2,670	161,811	152,697
	Comcast Corp				5,400	190,517	188,838
	Computer Sciences Corp				3,100	125,755	82,150

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)(B)-Common stocks (continued):							
	Conagra Brands Inc				2,400	$ 85,624	$ 92,880
	Consensus Cloud Solutions Inc				1,600	76,636	86,016
	CSG Systems International Inc				1,100	56,921	62,920
	Cummins Inc				1,100	167,418	266,519
	CVS Health Corp				2,800	195,348	260,932
	DaVita Inc				900	78,513	67,203
	Dell Technologies Inc				4,900	209,017	197,078
	Delta Air Lines Inc				2,200	109,545	72,292
	Diodes Inc				1,500	129,629	114,210
	Discover Financial Services				1,200	39,529	117,396
	Eastman Chemical Co				1,200	59,337	97,728
	eBay Inc				4,700	173,638	194,909
	Encore Wire Corp				730	95,109	100,419
	Everest Reinsurance Holdings				200	21,198	66,254
	Exxon Mobil Corporation				3,570	314,038	393,771
	FedEx Corp				800	148,086	138,560
	First Horizon National Corp				2,700	47,762	66,150
	Foot Locker Inc				2,200	86,559	83,138
	Ford Motor Company				13,300	195,599	154,679
	Fox Corp				4,000	123,511	121,480
	General Motors Co				5,500	190,316	185,020
	Gilead Sciences Inc				3,300	264,038	283,305
	Goldman Sachs Group Inc				400	54,316	137,352
	Goodyear Tire & Rubber Co				3,500	104,806	35,525
	Greif Inc				1,600	50,734	107,296
	Hanesbrands Inc				7,000	100,476	44,520
	Hartford Financial Services				2,000	68,091	151,660
	HCA Healthcare Inc				500	34,405	119,980
	Hewlett Packard Enterprise				11,400	149,525	181,944
	HF Sinclair Corp				1,800	62,881	93,402
	Hillenbrand Inc				2,500	102,122	106,675
	HP Inc				6,200	95,749	166,594
	Huntington Ingalls Industries				400	83,154	92,272
	Huntsman Corp				3,500	53,533	96,180
	Ingevity Corp				1,281	86,498	90,234
	Ingles Markets Inc				800	28,644	77,168
	Ingredion Inc				500	33,613	48,965
	Intel Corp				7,300	175,165	192,939
	International Business Machines Corp				900	130,732	126,801
	International Paper Co				1,400	67,433	48,482
	Jabil Circuit Inc				1,300	80,167	88,660
	Jazz Pharmaceuticals				1,000	132,112	159,310
	KeyCorp				3,500	117,511	60,970
	Kohl's Corp				1,600	84,378	40,400
	Kraft Heinz Co				2,900	99,302	118,059
	Kulicke & Soffa Industries Inc				2,300	131,832	101,798
	Lam Research Corp				200	20,748	84,060
	Lincoln National Corp				1,300	67,003	39,936
	Lumen Technologies				9,400	98,250	49,068
	LyondellBasell Industries				1,000	83,204	83,030
	Merck & Co Inc				3,400	210,832	377,230
	Meta Platforms Inc				1,730	317,590	208,188

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)(B)-Common stocks (continued):							
	MetLife Inc				1,700	$ 87,381	$ 123,029
	Molson Coors Beverage Co				2,700	150,148	139,104
	NCR Corp				2,900	82,067	67,889
	NetApp Inc				1,100	43,832	66,066
	Nexstar Media Group Inc				600	90,077	105,018
	Northrop Grumman Corp				200	59,891	109,122
	NRG Energy Inc				3,300	100,817	105,006
	Omega Healthcare Investors Inc				3,100	89,909	86,645
	Oracle Corp				2,200	109,310	179,828
	Organon & Co				450	12,108	12,569
	Penske Auto Group				1,400	65,537	160,902
	Pfizer Inc				6,700	201,039	343,308
	Phillips 66				700	71,397	72,856
	PulteGroup Inc				3,700	104,491	168,461
	Qorvo Inc				900	157,906	81,576
	Qualcomm Inc				2,060	269,851	226,476
	Quest Diagnostics Inc				700	65,856	109,508
	Qurate Retail Group				10,100	120,237	16,463
	Radian Group Inc				4,100	62,131	78,187
	Regions Financial Corp				7,000	97,230	150,920
	Ryder System Inc				1,300	107,466	108,641
	Science Applications International Corp				900	72,514	99,837
	Seagate Technology Holdings				2,000	30,365	105,220
	Skyworks Solutions Inc				1,500	124,834	136,695
	Sylvamo Corp				127	3,891	6,171
	SYNNEX Corp				800	36,249	75,768
	Target Corp				800	49,815	119,232
	Textron Inc				1,500	76,312	106,200
	The JM Smucker Company				600	64,955	95,076
	The Kroger Co				4,500	102,711	200,610
	Thor Industries Inc				1,300	122,579	98,137
	Timken Co				1,500	81,517	106,005
	Toll Brothers Inc				2,100	76,681	104,832
	Tyson Foods Inc				1,700	136,671	105,825
	United Continental Holdings				1,400	122,015	52,780
	Universal Health Services Inc				600	80,988	84,534
	Valero Energy Corp				900	41,204	114,174
	Verizon Communications Inc				6,100	322,457	240,340
	ViacomCBS Inc				3,200	194,315	54,016
	Viatris Inc				1,054	13,991	11,731
	Vishay Intertechnology Inc				5,500	80,547	118,635
	Vistra Corp				4,400	70,317	102,080
	VMware Inc				1,145	124,262	140,560
	Voya Financial Inc				1,700	71,630	104,533
	Walgreens Boots Alliance Inc				2,400	155,668	89,664
	Warner Bros Discovery				5,504	167,519	52,178
	Wells Fargo & Co				3,100	104,848	127,999
	Western Union Co				5,100	104,627	70,227
	WestRock Co				1,700	70,355	59,772
	Whirlpool Corp				800	66,141	113,168
	World Fuel Services Corp				2,500	95,587	68,325
	Xerox Holdings Corp				2,600	97,954	37,960
	Total common stocks					14,772,514	16,665,720

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(5)-Limited partnerships:						
	Accolade Partners Growth I					$ 3,253,079	$ 5,304,069
	Accolade Partners Growth II					1,874,686	1,715,392
	Blue Wolf Capital Fund II					-	30,000
	Brookfield Super-Core Infrastructure Partners LP					10,057,074	10,206,315
	Dune Real Estate Fund IV LP					2,348,762	2,732,105
	Hamilton Lane Co Inv Feeder Fund III					-	1,948,680
	Hamilton Lane Co Inv Feeder Fund IV					2,467,156	6,115,862
	KPS MidCap Special Situations Fund					1,166,413	1,781,377
	KPS Special Situations Fund III					-	11,127
	KPS Special Situations Fund IV					31,523	4,614,830
	KPS Special Situations Fund V					5,129,708	7,930,382
	Landmark Equity Partners XV LP					-	1,103,807
*	LongView Private Equity Fund of Funds					-	669,147
	Siguler Guff Distressed Real Estate Opp Fund II					269,112	1,991,686
	Sterling Consumer Logistic Properties I LP					1,200,306	1,183,278
	Yucaipa American Alliance Fund II					-	3,329,810
	Total limited partnerships					27,797,819	50,667,867
	Item 1c(9)-Common collective trusts:						
*	LongView LargeCap 500 Index Fund				9,603	8,131,656	13,534,414
*	LongView SmallCap 600 Index				6,529	1,640,336	10,843,913
*	LongView ULTRA Construction Loan Fund				39	79,433	30,855
	Multi Employer Property Trust				302	1,213,721	4,667,820
	Polen Focus Growth Collective Investment Trust				603,133	8,856,516	11,881,716
	Total common collective trusts					19,921,662	40,958,718
	Item 1c(12)-103-12 investment entities:						
	Hardman Johnston International Equity Group Trust				178,077	5,081,085	6,233,102
	Lazard Global Listed Infrastructure Trust				324,298	3,143,430	11,381,643
	Total 103-12 investment entities					8,224,515	17,614,745
	Item 1c(13)-Mutual funds:						
	American Funds EuroPacific Growth Fund				140,850	7,856,773	6,905,870
	BlackRock Global Allocation Fund				464,942	8,934,722	7,731,984
	BlackRock Multi-Asset Income Fund				732,155	7,946,950	6,984,763
	PIMCO All Asset Fund				741,199	8,702,002	7,789,999
	PIMCO Income Fund				619,455	6,363,398	6,411,358
	Total mutual funds					39,803,845	35,823,974
	Item 1c(15)-Hedge funds of funds:						
	EnTrust Capital Diversified Fund				9,118	911,786	69,310
	EnTrust Capital Special Opportunities Fund				1,565	-	545,122
	EnTrust Capital Special Opportunities Fund II				152	-	189,481
	EnTrust Capital Special Opportunities Fund III				3,064	2,826,295	2,678,090
	EnTrustPermal Special Opportunities Fund IV				6,747	7,216,851	6,977,889
	Total hedge funds of funds					10,954,932	10,459,892
	Total investments					$122,944,717	$173,660,346

* A party-in-interest as defined by ERISA

Laundry, Dry Cleaning Workers and Allied Industries Retirement Fund, Workers United

Schedule of Reportable Transactions

Year ended December 31, 2022

Form 5500 Schedule H, Item 4j

E.I.N. 13-5521921
Plan No. 001

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Collateral	(i) Net Gain or (Loss)
*	Amalgamated Bank Money Market	$ 23,075,216	N/A	$ 23,075,216	$ 23,075,216	N/A
		N/A	$ 26,412,381	26,412,381	26,412,381	$ -

* A party-in-interest as defined by ERISA.

Schedule MB, Line 6 – Summary of Plan Provisions

Plan Name	**Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United**
Plan Sponsor	Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
EIN / PN	13-5521921/001
Effective Date and Most Recent Amendment	The original effective date of the Plan is April 1, 1980. The most recent amendment to the Plan is effective November 30, 2017.
Plan Year	The twelve-month period beginning January 1 and ending December 31.
Covered Employment	Employment of an employee with an Employer who is obligated to contribute to the Fund for retirement purposes. Certain employers negotiated for new hires to enter a 401(k) plan instead of the Pension Plan.
Eligibility Requirements for Benefits	a) Normal Retirement: The later of age 65 and the 5th anniversary of participation in the Plan (age 62 for Local 69 employees, age 65 for Local 284). b) Early Retirement: Age 62 (age 55 for Local 284, employees, age 57 for Local 69) and 10 years of Covered Employment. c) Disability Retirement: Totally and permanently disabled for at least 18 consecutive weeks and eligible for Social Security disability benefits, provided that the employee has at least 20 years of employment in the industry and at least 10 years of Covered Employment. d) Vesting: Five (5) years of Covered Employment.

Schedule MB, Line 6 – Summary of Plan Provisions

Amounts of Pension Benefits

a) Normal Retirement:

- **Basic:** For all retirements after January 1, 1999, the Normal Retirement Pension is $15.00 per month per year of Covered Employment. Effective 1/1/2001 the Normal Retirement Pension is $20 per month per year of Covered Employment. Effective 1/1/2007, the Normal Retirement Pension is $20 per month per year of Covered Employment up to 1/1/2007 and $25 per month per year of Covered Employment thereafter. If an employee has at least 15 years of Covered Employment and 20 years of active employment in the Industry at retirement, in addition to his Covered Employment, credit is also given for at most 5 years of non-covered employment in the Industry. If an employee has been in Covered Employment with an employer for at least the last 2 years and since the date the employer first became obligated to contribute to the Fund, and this obligation started prior to 1/1/1990, and the employee has at least 20 years of active employment in the Industry, then in addition to his Covered Employment, credit is also given for at most 18 years of non-covered employment in the Industry.

- **Drivers:** For all retirements after January 1, 1999, the Normal Retirement pension is $25.50 per month for each year of Covered Employment prior to January 1, 1998 and 30.00 per month for each year after January 1, 1998. Effective 1/1/2001, the Normal Retirement Pension is $35.00 per month per year of Covered Employment. Effective 1/1/2007, the Normal Retirement Pension is $35 per month per year of Covered Employment up to 1/1/2007 and $40 per month per year of Covered Employment thereafter.

- **Local 284:** $7.00 times years of service up to 25 years through 1/1/2006 and $9.00 times years of service after 1/1/2006 through 2007 and $18.00 times years of service after 1/1/2008.

- **Local 69:** Class A employees: $32.25 times years of service (max 40 years). Class B employees: $24.25 times years of service (max 40 years).

- An employee retiring after his normal retirement date shall receive the greater of his accrued benefit to date or his accrued benefit at normal retirement date with an actuarial increase to the actual date of retirement.

Schedule MB, Line 6 – Summary of Plan Provisions

Amounts of Pension Benefits - Continued	Early Retirement: Calculated the same as for normal retirement; reduced at the rate of 0.5% for each month that the pension commencement date precedes Normal Retirement Date. Disability Retirement: Calculated the same as for normal retirement. Pension is payable as of the Disability Retirement Date (not applicable for Locals 284 and 69). Deferred Retirement: Employees who retire after their Normal Retirement Date (NRD) receive the greater of their accrued benefit at their NRD actuarially increased to their actual date of retirement or their accrued benefit at their NRD with regular accruals for the period of work after their NRD. Vesting: The monthly benefit commencing at Normal Retirement Date is calculated the same as for normal retirement. The benefit is payable at age 65, however, it may be paid as early as age 62 (age 55 for Local 284, age 57 for Local 69 employees) in which case the benefit is reduced at the rate of 0.5% for each month that the pension commencement date precedes Normal Retirement Date.
Post-Retirement Death Benefit	Unless otherwise elected in writing, an employee who has been married for at least 1 year prior to the date a pension under the Plan is scheduled to begin shall automatically receive an adjusted pension equal to the Actuarial Equivalent of the amount which would otherwise be payable. Such adjusted pension is payable for life and, upon the death of the employee, 50% of such adjusted pension will continue to his surviving spouse for life. In the case of a Participant who dies after six months after retiring, in addition to any other benefits that may be payable under the plan, a lump sum shall be paid to the designated beneficiary of $1,000 (not applicable for Local 284 and Local 69). The beneficiary is the person or persons chosen by the Participant to receive the life insurance benefit.

Schedule MB, Line 6 – Summary of Plan Provisions

Pre-Retirement Death Benefit	A vested employee automatically receives the Retirement Equity Act pre-retirement surviving spouse coverage which grants his spouse a pension if the employee dies after the date upon which he becomes vested and he is survived by a spouse to whom he has been married for at least one year. The amount of pension payable to the surviving spouse equals 50% of the pension which would have been payable to the employee if he terminated at the date of his death, survived to his earliest pension commencement date and elected the post-retirement surviving spouse option. Such pension is to commence at the later of the employee's earliest pension commencement date and his date of death.
Life Insurance Benefit	All active (non-retired) participants will receive a life insurance benefit of $30,000 (not applicable for Local 284 and Local 69).
Changes in Plan Provisions	No changes.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Exhibit A.1 - Distribution of Active Participants

Measurement Date: January 1, 2022 [Form 5500 Sch. MB, Line 8b(2)]

Years of Credited Service

Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	-	58	2	-	-	-	-	-	-	-	60
	Avg Ben		$44									$47
25 - 29	Count	-	74	28	-	-	-	-	-	-	-	102
	Avg Ben		$54	$172								$86
30 - 34	Count	-	100	52	36	7	-	-	-	-	-	195
	Avg Ben		$62	$169	$304							$146
35 - 39	Count	-	111	72	57	22	2	-	-	-	-	264
	Avg Ben		$66	$179	$308	$416						$181
40 - 44	Count	-	106	101	58	47	24	3	-	-	-	339
	Avg Ben		$64	$175	$292	$416	$504					$222
45 - 49	Count	-	121	90	68	44	34	8	1	-	-	366
	Avg Ben		$51	$173	$314	$446	$550					$238
50 - 54	Count	-	64	73	45	44	43	25	11	-	-	305
	Avg Ben		$62	$171	$301	$446	$567	$629				$323
55 - 59	Count	-	60	57	45	43	40	23	16	2	-	286
	Avg Ben		$69	$173	$322	$422	$550	$701				$353
60 - 64	Count	-	33	42	29	31	39	21	12	4	1	212
	Avg Ben		$66	$195	$305	$431	$538	$676				$385
65 - 69	Count	-	10	11	12	10	11	7	5	3	2	71
	Avg Ben											$421
70 +	Count	-	3	1	2	6	5	2	1	-	-	20
	Avg Ben											$394
Total	Count	-	740	529	352	254	198	89	46	9	3	2,220
	Avg Ben		$60	$175	$308	$426	$545	$657	$818			$256

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Charges

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2022* Period	Balance	Annual Payment
ENIL (2008)	1/1/2009	29.00	$ 31,760,899	16.00	$ 24,641,487	$ 2,542,534
Exper Loss	1/1/2010	15.00	3,572,478	3.00	1,042,124	373,601
ENIL (2008)	1/1/2011	27.00	542,038	16.00	430,744	44,444
ENIL (2008)	1/1/2012	26.00	24,140,216	16.00	19,444,715	2,006,326
ENIL (2008)	1/1/2013	25.00	1,572,012	16.00	1,284,952	132,583
Exper Loss	1/1/2014	15.00	6,017	7.00	3,603	636
Exper Loss	1/1/2016	15.00	7,707,670	9.00	5,571,228	819,110
Exper Loss	1/1/2017	15.00	3,442,720	10.00	2,681,783	366,747
Assumption	1/1/2017	15.00	358,093	10.00	278,943	38,147
Exper Loss	1/1/2018	15.00	5,254,093	11.00	4,368,305	561,016
Exper Loss	1/1/2019	15.00	6,825,813	12.00	5,995,704	728,840
Exper Loss	1/1/2020	15.00	1,740,468	13.00	1,604,686	185,842
Assumption	1/1/2021	15.00	1,803,919	14.00	1,736,178	192,617
Total Charges					$ 69,084,452	$ 7,992,443

Credits

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2022* Period	Balance	Annual Payment
Method	1/1/2009	30.00	$ 10,196,612	17.00	$ 8,087,270	$ 809,162
Exper Gain	1/1/2009	15.00	18,503,632	2.00	3,719,924	1,929,348
ENIL (2008)	1/1/2010	28.00	7,113,805	16.00	5,583,117	576,072
Exper Gain	1/1/2011	15.00	1,002,345	4.00	377,273	105,125
Exper Gain	1/1/2012	15.00	13,810,001	5.00	6,289,966	1,452,432
Exper Gain	1/1/2013	15.00	1,156,598	6.00	612,201	121,973
Exper Gain	1/1/2015	15.00	4,104,884	8.00	2,720,217	435,152
Amendment	1/1/2017	15.00	12,637,973	10.00	9,844,633	1,346,301
Assumption	1/1/2018	15.00	12,973,976	11.00	10,786,685	1,385,323
Exper Gain	1/1/2021	15.00	5,873,724	14.00	5,653,152	627,179
Exper Gain	1/1/2022	15.00	8,182,030	15.00	8,182,030	873,653
Total Credits					$ 61,856,468	$ 9,661,720
Net Total					$ 7,227,984	$ (1,669,277)

See the comments following this Exhibit.

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The prior table shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method

The "ENIL (2008)" bases are the portions of the eligible net investment losses ("ENIL") for the 2008 Plan Year. These bases are amortized over the period ending December 31, 2037, as permitted under the special amortization rule provided in the Pension Relief Act of 2010.

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.

All other changes were made to better reflect anticipated Plan experience.

Schedule MB, Line 6 –
Statement of Actuarial Assumptions/Methods

Plan Name	**Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United**
Plan Sponsor	Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
EIN / PN	13-5521921/001

While it is important that the actuarial assumptions be reasonable in the aggregate, each assumption must also be individually reasonable.

We generally relied on the prior actuary's demographic assumptions for this valuation. It was assumed that the prior actuary's assumptions were determined based on historical and recent demographic data, adjusted to reflect anticipated future experience and professional judgement. We will continue to monitor the actual and expected experience in future years to see if the demographic assumptions need updating.

We have reviewed the prior actuary's demographic assumptions in light of recent and anticipated plan experience and applied professional judgment when setting the assumptions.

Interest Rates

7.75% per annum, compounded annually, net of investment expenses for determining costs and liabilities.

The valuation interest rate, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

Current Liability

The highest rate within the IRS allowable range for determining Current Liability, which is 2.22% per annum as of January 1, 2022.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Retirement Age

Active participants:

Age	Retirement Probabilities
62	58.2%
63	34.5%
64	34.4%
65	100.0%

The probabilities of retirement are the same for females and males.

The weighted average retirement age for active participants is age 63.5. This average is based on the active population in the January 1, 2022 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Inactive vested participants: Age 65 (or when first eligible, if later).

Operating Expenses

Operating expenses are assumed to be the average actual operating expenses for the prior three years ($1,286,546 as of the beginning of the year, equivalent to $1,336,400 as of middle of year) and are added to the Plan's normal cost.

Hours Worked

For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the plan year preceding the valuation date.

Compensation Increases

2.00% compensation increases are assumed for those participants on behalf of whom contributions are made to the Plan based on a percentage of compensation.

Active Participant

For valuation purposes, an active participant is a participant who has worked over 500 hours in the prior plan year and 1,000 hours in any prior year, and has not terminated or retired as of the valuation date.

Non-Disabled Mortality

Sex-distinct RP-2014 mortality table with blue collar adjustment, adjusted to base year 2006, reflecting fully generational mortality improvements with Scale MP-2020.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Disabled Mortality

In accordance with IRS Revenue Ruling 96-7.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disability

Based upon insurance company statistics, the following sample rates of disablement were assumed:

Number of Disablements in Year per 1,000

Age	Males	Females
20	0.5	0.7
25	0.5	0.7
30	0.5	0.8
35	0.7	1.0
40	1.1	1.6
45	1.7	2.6
50	3.0	4.5
55	5.6	8.4
60	9.7	14.7

Eligible disabled employees were assumed to retire at their disability retirement date.

Withdrawal

Illustrations of the annual select and ultimate rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates

During first 5 years of service		Thereafter	
Years of service	Rate	Age	Rate
0	0.248	20	0.102
1	0.159	30	0.084
2	0.114	4	0.054
3	0.091	45	0.047
4	0.074	50	0.043
		55	0.041

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Form of Payment	*Non-Married Participants:* Assumed to elect a single life annuity *Married Participants:* Local 69 active participants are assumed to elect a Qualified Joint and 50% Survivor Annuity. All other married participants are assumed to elect a single life annuity.
Marriage	*Local 69 Participants:* 85% of eligible males are assumed to be married and 75% of eligible females are assumed to be married. *Non-Local 69 Participants*: Assumed to be non-married.
Spouse Ages	Male spouses are assumed to be 3 years older than their female counterparts.
Cost Method	The unit credit actuarial cost method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the plan year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the plan year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Pension Relief Act of 2010	The following special rules were elected by the Trustees under the Pension Relief Act of 2010: Special amortization rule: The portions of experience losses attributable to the eligible net investment losses incurred during the plan year ending December 31, 2008 are amortized in the funding standard account over a period ending December 31, 2037. Special asset valuation rule: Eligible net investment losses incurred during the plan year ending December 31, 2008 are smoothed in the actuarial value of assets over a period of 10 years. The special rules apply retroactively to the plan year beginning January 1, 2009. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the "prospective" method described in IRS Notice 2010-83 was used. As of January 1, 2018, the 2008 net investment loss had been fully recognized in the actuarial value of assets.
Participant Data	Participant census data as of January 1, 2022 was provided by Amalgamated Employee Benefits Administrators.
Financial Information	Financial information was obtained from the December 31, 2021 audited financial statements, as provided by Novak Francella LLC.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Changes in Assumptions

Changes in assumptions since the prior valuation are as follows:

Funding:

Expected operating expenses were updated to $1,286,546, compared to $1,402,907 for the prior year. Expected operating expenses is the average actual operating expenses for the prior three years.

Current Liability:

The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Schedule MB – Statement by Enrolled Actuary

Plan Sponsor:	Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
EIN:	13-5521921
Plan Number:	001
Plan Name:	Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
Valuation Date:	January 1, 2022
Enrolled Actuary:	Ron J. Stonehill
Enrollment Number:	23-08567

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the Plan's administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable for the purposes for which it was used. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on financial statements reported by the Plan's auditor, which reflects employer contributions of $2,055,886. No withdrawal liability payments were received during the Plan Year.

Attached as separate exhibits are:

- Line 6 – Statement of Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions

Laundry, Dry Cleaning Workers and Allied Industries Retirement Plan Fund, Workers United

EIN: 13-5521921, PLAN NO. 001

FORM 5500, SCHEDULE R ATTACHMENT FOR MULTIEMPLOYER

SCHEDULE R , Line 13e - Information on Contribution Rates and Base Units

Year Ended December 31, 2022

Name	Class	Contribution Rate	
Aramark Inc - #2028732 & #2028721	Regular	$129	Monthly
	Mech/Driver	$146	Monthly
Aramark Inc - #2004267	Regular	1.85%	Payroll wages
	Drivers	1.85%	Payroll wages
	Drivers	$1.60	Per day
Aramark Inc - #2007496	Regular	2.64%	Payroll wages
	Drivers	2.64%	Payroll wages
	Drivers	$1.60	Per day
W.H. Christian & Sons, Ind. - #2028735	Regular	$29.12	Weekly
	Driver	$33.00	Weekly

HORIZON actuarial

October 12, 2023

Via Email

Board of Trustees of the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United
c/o Cyndi Katsaras, Plan Administrator

Subject: Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United – 2022 Schedule MB and Other Form 5500 Filing Information

Trustees:

Enclosed is a copy of the 2022 Form 5500 Schedule MB with attachments for the Laundry, Dry Cleaning Workers & Allied Industries Retirement Fund, Workers United (the "Plan") as well as additional information for the Form 5500 filing.

Before submitting the filing, please verify that the employer identification number (EIN), and plan number (PN) agree with the Form 5500 and related schedules.

The Schedule MB and attachments should be attached to the rest of the Form 5500 filing. The Form 5500 must be filed electronically under the computerized ERISA Filing Acceptance System (EFAST2) no later than October 16, 2023 (if the extended filing due date of October 15th falls on a Saturday, Sunday, or federal holiday, it may be filed on the next business day).

Schedule R to Form 5500

The following information should be used to complete lines 4, 8, and 9 on the Form 5500 Schedule R attachment before submitting the package to the IRS:

- Line 4 regarding the election under section 412(d)(2) for an amendment adopted after the end of the plan year should be answered "No".
- Line 8 regarding a change in funding method should be left blank.
- Line 9 regarding an increase or decrease in the value of benefits due to a plan amendment should be checked "No".

Line 13 of the Form 5500 Schedule R was updated for 2022 and must be completed for employers (or controlled groups) that contributed more than five percent of the plan's total contributions ***or*** were one of the top-ten highest contributors. In prior years only employers that contributed more than five percent of the plan's total contributions were included in this line item. Please let us know if you would like our assistance with completing Line 13.

Please send one copy of the entire Form 5500 filing package to us for our files.

If you have any questions concerning the above, please do not hesitate to let us know.

Sincerely,



Ron J. Stonehill, ASA, EA
Consulting Actuary

Enclosures

cc: Mark Brossman, w/encl.
Susan Niver, w/encl.
Robert Poon, w/encl.
Tim Clark, w/encl.
Marvin Guitaud, w/encl.
Jennifer Flood, w/encl.

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Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Measurement Date: January 1, 2022

	Expected Benefit Payments			
Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2022	843,575	1,827,687	8,653,641	11,324,904
2023	1,141,656	2,130,226	8,310,848	11,582,730
2024	1,419,960	2,452,205	7,964,032	11,836,197
2025	1,613,573	2,799,548	7,613,853	12,026,974
2026	1,822,062	3,204,234	7,260,917	12,287,213
2027	2,021,017	3,558,843	6,905,826	12,485,686
2028	2,195,261	3,920,343	6,549,266	12,664,870
2029	2,379,428	4,207,802	6,192,057	12,779,286
2030	2,542,044	4,578,526	5,835,144	12,955,714
2031	2,686,445	4,960,286	5,479,606	13,126,336
2032	2,834,904	5,246,878	5,126,630	13,208,412
2033	2,967,301	5,771,179	4,777,488	13,515,968
2034	3,086,204	5,992,095	4,433,481	13,511,781
2035	3,198,398	6,176,028	4,095,941	13,470,368
2036	3,320,704	6,331,459	3,766,195	13,418,358
2037	3,432,398	6,433,304	3,445,521	13,311,224
2038	3,503,174	6,566,306	3,135,126	13,204,606
2039	3,621,099	6,718,351	2,836,192	13,175,642
2040	3,708,852	6,830,298	2,549,850	13,089,000
2041	3,761,694	6,919,607	2,277,180	12,958,481
2042	3,835,320	6,940,242	2,019,208	12,794,770
2043	3,870,434	6,983,685	1,776,861	12,630,980
2044	3,869,203	7,000,714	1,550,951	12,420,867
2045	3,869,817	7,011,460	1,342,139	12,223,416
2046	3,848,580	6,966,554	1,150,901	11,966,035

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

	Expected Benefit Payments			
Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2047	3,827,559	6,863,727	977,493	11,668,779
2048	3,781,630	6,764,629	821,924	11,368,184
2049	3,713,459	6,669,923	683,944	11,067,327
2050	3,648,483	6,493,078	563,038	10,704,600
2051	3,561,558	6,309,247	458,441	10,329,246
2052	3,461,909	6,110,403	369,149	9,941,461
2053	3,363,769	5,875,418	293,965	9,533,152
2054	3,246,814	5,618,345	231,540	9,096,699
2055	3,125,054	5,365,668	180,442	8,671,163
2056	2,989,287	5,089,054	139,206	8,217,547
2057	2,856,575	4,811,410	106,404	7,774,388
2058	2,710,393	4,533,564	80,679	7,324,636
2059	2,564,933	4,242,133	60,781	6,867,847
2060	2,423,562	3,966,575	45,584	6,435,720
2061	2,280,629	3,692,133	34,108	6,006,871
2062	2,135,661	3,421,216	25,521	5,582,398
2063	1,997,623	3,159,170	19,134	5,175,928
2064	1,859,359	2,910,405	14,397	4,784,160
2065	1,724,654	2,672,058	10,879	4,407,590
2066	1,594,933	2,444,818	8,256	4,048,006
2067	1,468,902	2,229,061	6,285	3,704,248
2068	1,347,753	2,022,472	4,791	3,375,016
2069	1,231,712	1,827,204	3,648	3,062,565
2070	1,121,148	1,643,252	2,767	2,767,167
2071	1,016,209	1,470,591	2,085	2,488,884

Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: January 1, 2022

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2022	$ 1,295,094	$ 0	$ 1,295,094
2023	1,237,625	0	1,237,625
2024	1,186,247	0	1,186,247
2025	1,139,773	0	1,139,773
2026	1,101,140	0	1,101,140
2027	1,060,970	0	1,060,970
2028	1,024,077	0	1,024,077
2029	989,892	0	989,892
2030	954,494	0	954,494
2031	918,861	0	918,861

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LAUNDRY, DRY CLEANING WORKERS & ALLIED INDUSTRIES RETIREMENT FUND, WORKERS UNITED

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF THE LAUNDRY,DRY CLEANING WORKERS AND ALLIED INDUSTRIES RE

D Employer Identification Number (EIN)
13-5521921

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	211,987,763
(2)	Actuarial value of assets for funding standard account	**1b(2)**	187,373,476
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	157,778,586
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	157,778,586
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	340,427,001
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	8,103,939
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	12,737,673
(3)	Expected plan disbursements for the plan year	**1d(3)**	12,206,901

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: October 12, 2023

RON J. STONEHILL
Type or print name of actuary

2308567
Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC
Firm name

240-247-4600
Telephone number (including area code)

8601 GEORGIA AVENUE, SUITE 700
SILVER SPRING MD 20910
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**	211,987,763

b "RPA '94" current liability/participant count breakdown:	**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment	2,898	103,162,059
(2) For terminated vested participants	4,594	151,129,806
(3) For active participants:		
(a) Non-vested benefits		6,350,213
(b) Vested benefits		79,784,923
(c) Total active	2,220	86,135,136
(4) Total	9,712	340,427,001

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	62.27 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	2,055,886				
			Totals ► **3(b)**	2,055,886	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	118.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

Line 3(a): contributions are made throughout the year

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method — **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 2.22 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.75 %	7.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	5.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	12.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	19.9 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1,286,546
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-8,182,030	-873,653

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	3,320,232
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	69,084,452	7,992,443
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	876,732
e Total charges. Add lines 9a through 9d		**9e**	12,189,407
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	36,822,874
g Employer contributions. Total from column (b) of line 3		**9g**	2,055,886
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	61,856,468	9,661,720
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	3,682,222
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	11,365,702	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	120,435,606	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	52,222,702
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	40,033,295
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No